

EXPRESS MAIL NO.: ED 792790292 US

**APPLICATION DATA SHEET**

**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title :: USE OF PLEIOTROPHIN IN THE DIAGNOSIS,  
TREATMENT AND PREVENTION OF  
DISEASE

Attorney Docket Number:: 67789-516

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 0

Small Entity?:: Yes

Petition included?::

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?:

### First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Behrooz
Middle Name::	
Family Name::	Sharifi
Name Suffix::	
City of Residence::	Woodland Hills
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	23149 Cumorah Crest Drive
City of mailing address::	Woodland Hills
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	91364

### Second Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	India
Status::	Full Capacity
Given Name::	Prediman
Middle Name::	K.
Family Name::	Shah
Name Suffix::	

City of Residence:: Los Angeles  
State or Province of Residence:: CA  
Country of Residence:: US  
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City of mailing address:: Los Angeles  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 90049

### Correspondence Information

Correspondence Customer Number:: **50670**  
Name::  
Street of mailing address::  
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### Representative Information

Representative Customer Number::		<b>50670</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/US04/22827	07/15/04
PCT/US04/22827	An application claiming the benefit under 35 USC 119(e)	60/487,409	07/15/03

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	Cedars-Sinai Medical Center
Street of mailing address::	8700 Beverly Boulevard
City of mailing address::	Los Angeles
State or Province of mailing address::	California
Country of mailing address::	US
Postal or Zip Code of mailing address::	90048